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MN021101. O'Brien Is BUMED Shore Sailor of the Year
By Brian Badura, Bureau of Medicine and Surgery
WASHINGTON, DC - HML(FMF) Mark W. O'Brien of Naval Hospital Corps School Great Lakes, Ill., was named the Bureau of Medicine and Surgery's Claimancy 18 Sailor of the Year.

O'Brien competed for the award against 13 Sailors from 15 commands.

Claimancy 18 commands are shore-based commands that report to BUMED.

O'Brien is a master training specialist and is assigned as the leading petty officer of the educational services department. His duties included leading four divisions and managing a \$551,000 annual budget. He helped overcome staffing shortfalls by initiating a department-wide cross-training program, which allowed staff members to complete the set up of 408 skill-training labs and administer approximately 11,240 discrepancy free written exams.

Additionally, he served as the LPO of the security department, where he reviewed non-judicial punishment cases for completion, accuracy and relevance. He also reorganized the unauthorized absence/deserter status program, which resulted in 100 percent tracking of absent personnel.

"I owe a lot of my success to the leadership of the chiefs who I have served with," said O'Brien. "Honestly, I never expected to make it this far."

While in the nation's capital, O'Brien and the other finalists toured local landmarks including the National Mall, Arlington National Cemetery, the Navy Memorial, and the historic BUMED campus.

"He is such an awesome representative, not only for Navy Medicine, but for the junior enlisted as well," said FMCM Mark Weldon, Navy Medicine's force master chief. "It's this type of quality Sailor that we have to thank for the quality reputation Navy Medicine enjoys."

O'Brien will represent BUMED in the Vice Chief of Naval Operations Naval Shore Activity Sailor of the Year competition.

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MN021102. BUMED Realignment Making Headway

WASHINGTON, DC - The Bureau of Medicine and Surgery's realignment, now being reviewed and implemented, will make the bureau even more responsive and efficient, said Chief of Staff RADM Alberto Diaz Jr., MC, one of the leaders of the realignment working group.

According to Diaz, the realignment has multiple purposes. It will improve the organization's efficiency and effectiveness, enhance internal and external integration and collaboration, and make the bureau and Navy Medicine more communicative.

To accomplish this, some codes may be renamed or consolidated with others, which means some staff may find they will be sitting at a new desk.

"No jobs will be lost with this realignment," said Diaz. "There's important work being done here, especially since we are at war, and we need every person."

One of the most powerful driving forces behind the changes is the need for the bureau to be more aligned with "big" Navy. The bureau's changes will put it in line with the operational Navy. Aligning with the Navy Line community is a primary goal of Navy Surgeon General VADM Michael L. Cowan, MC.

Some of the recommendations of the BUMED Realignment Working Group have already been inaugurated. A director for Homeland Security to address domestic terrorism issues, and a new corporate-level position of chief of staff, responsible for day-to-day operations within BUMED, were established. Diaz fills both positions.

Another change in the works is establishment of a Naval Medical Education and Training Command, consolidating all Navy Medicine training functions. The organization will be similar to the Navy Line community's Navy Education and Training Command. Navy Medicine research and development will also get a director, with R&D commands reporting to him or her.

The realignment working group, comprised of BUMED's Deputies Council, continues to work fine-tuning the realignment. Diaz encourages staff who have concerns to talk to their code's deputy.

"I know there are a lot of questions and concerns on everyone's minds," said Diaz. "This is very normal whenever there is change."

Cowan, who is also chief of the Bureau of Medicine and Surgery, directed that the realignment study be done to ensure BUMED was at its optimum working condition.

"When our nation called, we were ready, but we can not be complacent," said Cowan. "We need to look at the future and evaluate how we can do things even better next time."

For more information, Navy Medicine personnel with .mil e-mail addresses can visit the BUMED Realignment Website at https://bumed.med.navy.mil/med00p/bumed_realignment/

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MN021103. Scientists Finds Anthrax Vaccine Safe, Effective

By Sgt. 1st Class Kathleen T. Rhem, USA, American Forces Press Service

WASHINGTON, DC - The anthrax vaccine used by DoD is safe and effective in protecting against all forms of the deadly disease, according to a new report.

The Institute of Medicine, a private, nonprofit scientific organization, released its findings in a comprehensive report March 6.

The report states the vaccine, as the Food and Drug Administration now licenses it, is effective protection against anthrax, including inhalation anthrax.

In 1998, the Defense Department began an aggressive program to vaccinate all service members against the disease, which is a feared

biological warfare agent. The vaccination program came under public criticism amid concern about the vaccine's safety.

Critics became more vocal when the program was scaled back several times because of vaccine shortages. The sole manufacturer of the vaccine, Bioport, repeatedly failed to win Food and Drug Administration approval for a renovated facility in Lansing, Mich., and supplies of stockpiled vaccines dwindled.

However, the Bioport plant passed the final FDA inspection in January and was licensed to produce more vaccine. DoD officials are currently examining what form the vaccination program should take now.

To address service members' concerns, Congress in 2000 required DoD to seek an independent examination of the vaccination program. In October 2000, the Institute of Medicine convened the Committee to Assess the Safety and Efficacy of the Anthrax Vaccine. The committee sped up its efforts in response to the anthrax attacks through the mail in the fall of 2001. The report released March 6 is the culmination of that committee's work.

The committee affirmed the vaccine is "reasonably safe" in regards to immediate reactions. The report states temporary injection-site reactions such as pain, redness and swelling are fairly common but "are comparable to those observed with other vaccines regularly administered to adults."

DoD anthrax experts have said such reactions occur in about 30 percent of men and 60 percent of women. Such differences in reactions between the sexes are common in other vaccines as well, the report says. Though its finding was not unusual, the committee recommended that future studies of reactions include separate analyses for men and women.

The anthrax vaccine also doesn't seem any more dangerous in the long term than other vaccines, the report concludes. However, the committee mentioned that data are limited on long-term effects for all vaccines, and it recommended several ways for DoD to gather more data over time.

Critics have raised concerns that the vaccine wouldn't be effective against bioengineered or genetically altered forms of anthrax. Intelligence reports indicated the Soviet Union or others might have been working to develop such strains. This report debunks those concerns, saying the process needed to allow the germ to evade the vaccine would "alter and thus eliminate its toxic action."

The report also gives Bioport a vote of confidence. The committee members said they believe the steps the company took to earn FDA approval following its plant renovation will lead to "greater assurance of consistency" of the vaccine.

While the committee found the current vaccine is safe and effective as the military is using it, it noted the vaccine is "far from optimal."

The 18-month-long, six-shot regimen currently needed to produce maximum immunity makes the vaccine hard to administer properly. The current vaccine was licensed in the 1970s, and improvements in vaccine technology have made better vaccines "feasible," the report concluded.

The committee encouraged the work of DoD, the National Institutes of Health and other organizations to develop a better anthrax vaccine. Researchers at Naval Medical Research Center in Silver Spring, Md., are making progress on a anthrax DNA vaccine that shows promise of being safer, easier to store, and easier to administer.

The full report and press conference audio, is online at www.iom.edu/iom/iomhome.nsf/Pages/Recently+Released+Reports.

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MN021104. Pensacola Maternity Unit, Arriving!

By Rod Duren, Naval Hospital Pensacola, Fla.

PENSACOLA, Fla. - Delivering babies at Naval Hospital Pensacola will be

a whole new experience with the opening of the facility's new maternity unit next month. The unit is complete with six state-of-the-art labor, delivery, recovery, and post-partum suites.

"It's going to have an improved atmosphere that will make the birthing experience a comfortable and wholesome experience for the entire family," said CDR Kathleen Michel, NC, head of the women and children's department at the hospital.

The maternity unit is at the forefront of Navy Medicine's new Family Centered Care Program. Pensacola will be among the first Navy medical facilities to implement the family-friendly initiative from the ground up.

By April 1, the hospital will offer soon-to-be-moms a more comfortable and memorable birthing experience when it opens the maternity unit for family business.

Under Navy Medicine's new Family-Centered Care initiative, parents will be assisted in educating themselves about their new baby and his or her care. Most families will have a private room throughout labor, with newborns staying in the room with the family after delivery.

The nursing staff will be cross-trained in all areas of childbirth to enable them to care for a mother and infant, and develop a more personal relationship while following a family's progress, said Michel. With more than 600 babies delivered at Naval Hospital Pensacola annually, this will be "welcome news for families and caregivers alike."

Within the suites, there will be new amenities and more options for laboring moms when it comes to pain management, including a hydrotherapy "labor" tub to help moms relax.

Additionally, the new maternity unit will offer central monitoring, infant warmers and fetal monitors as well as an upgraded menu followed with a post-delivery candle-light dinner complete with sparkling cider for toasting the new family member.

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MN021105. Researchers Help Aviators Survive Deadly Hypoxia

By Doris Ryan, Bureau of Medicine and Surgery

PENSACOLA, Fla. - Every Navy and Marine Corps pilot will tell you that the altitude chamber training they get as aviation candidates to experience the effects of hypoxia is no fun. But they will also tell you the experience can save their life.

Aviation hypoxia is a loss of oxygen to the brain caused by flying too high without taking supplemental oxygen. It can lead to unconsciousness - not good if you're at the controls of an aircraft. The trick is to recognize your early symptoms of hypoxia, which can have a very quick onset, and get oxygen immediately.

"The symptoms of hypoxia can also occur slowly and may be subtle enough that an aviator might not know he is hypoxic until it is too late," said CAPT Charles Vacchiano, NC, a researcher at the Naval Aerospace Medical Research Laboratory (NAMRL), Pensacola. "The Navy's hypoxia familiarization training program teaches aviators and aircrew to be able to identify their personal symptoms."

But even the training is not without risks. Although rare, some aviation candidates have suffered from decompression sickness, similar to a diver with the bends, or pressure trauma like ruptured eardrums, headache and sinus problems, or even toothaches. And there's also the cost and logistics to consider in scheduling and carrying out training.

But Vacchiano and his team are working on a hypoxia-training device that is safe, cost effective and deployable. The Reduced Oxygen-Breathing (ROB) device duplicates hypoxia in a normal room at ground level.

The device consists of an aviation mask attached to a gas reservoir and

computer with a software program that adds nitrogen to air, duplicating an ascent to 25,000 feet. Because there's no outside pressure change, there's no risk of decompression sickness or pressure traumas.

Vacchiano and his team are recruiting 70 volunteers who are undergoing survival training at the Aviation Survival Training Center, a detachment of the Naval Operational Medicine Institute in Pensacola. The volunteers will allow the researchers to do a comparison study between the chamber training and the ROB device.

"Preliminary results indicate that the hypoxia experience on the ROB device and in the chamber are essentially the same," said Vacchiano. "We're seeing the same type of physiological changes, the same decrement in cognitive performance and the same subjective symptoms."

Vacchiano said the ROB device probably won't replace chamber training for aviation candidates, but after the initial experience, it may be used to do the required once-every-four-year refresher training. He envisions it used on aircraft carriers and at shore-based squadrons with flight simulators to enhance training.

Vacchiano's team includes HM2 David Gonzalez, Kristina Vagedes and HMC Michael Stiney.

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MN021106. Furred Therapists Help Out at Great Lakes

By Judy R. Lazarus, Naval Training Center Great Lakes, Ill.

GREAT LAKES, Ill. - They are eager to help, happy to provide the comfort and affection that is so therapeutic to many hospitalized patients. Like all Red Cross volunteers, they are carefully screened, meeting all the health requirement of the hospital.

But one look will tell you they are different. These Red Cross volunteer therapists are of the four-footed, furry canine variety. Two-year-old Admiral and 6-year-old Leinie visit the hospital once a week, their owner, CDR Bill Murtagh, in tow.

"They let patients pet them and they do tricks for them," said Murtagh. The dogs wear a special scarf around their neck to identify them as pet therapists.

"When we put their bandannas on them they know it means they're going to (help with) therapy," said Murtagh. "They're extremely comfortable with the folks there."

Murtagh said he's trained the dogs to respond to both voice and hand signals.

Both dogs get their own kind of canine therapy before they go to the hospital. Murtagh brings them to work at the Naval Reserve Center on the days they visit the hospital, where the Sailors enjoy their company as much as the patients do.

"When I bring them here they know it's fun and games," Murtagh said. "They know they're going to get attention."

Not all volunteer dogs make the cut. To qualify, dogs must be approved by the Great Lakes (Ill.) Veterinary Treatment Facility.

"We make sure that the animal has its current vaccinations and is healthy," said Army Capt. Brian Bohl, base veterinarian. "We also give a temperament test."

The temperament test ensures the dog interact well with people and other dogs, and that they obey their handler's commands. Other qualities include being friendly with strangers, enjoy being petted, and not being startled by loud noises.

Owners may also have their dogs checked by Therapy Dogs International (TDI), Inc. TDI is a non-profit organization that provides dogs for various therapy purposes.

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MN021107. Beaufort Holds Memorial for Corpsman Killed in Crash

By Lisa M. Voorhies, Naval Hospital, Beaufort SC

BEAUFORT, S.C. - A memorial service was held this week at the Marine Corps Air Station Beaufort chapel for HMI Kevin J. Frank. Frank was killed in a helicopter crash that occurred while helping the U.S. Coast Guard search for survivors of an earlier civilian crash.

Four other Navy crewmembers were rescued shortly after the crash.

"We are deeply saddened by the loss of Petty Officer Frank," said CAPT Gary Zuckerman, MSC, commanding officer of Naval Hospital Beaufort. "Frank loved being a SAR (sea-air-rescue) corpsman. Our thoughts and prayers are with the family and we share in their grief."

He leaves a wife and three children.

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MN021108. Tooth Fairy at Sea

By USS John F. Kennedy Public Affairs

ABOARD USS JOHN F. KENNEDY - The last time these Sailors were visited by the tooth fairy they were probably still playing with rubber boats in the bathtub. Now, they're all grown up and aboard a ship larger than they ever could have ever imagined as a child.

The tooth fairy hasn't exactly left money under their pillow, but she has made good on taking care of their teeth. The dental department aboard USS John F. Kennedy (CV 67) strives to ensure every crewmember has healthy teeth and gums.

DT3 Jen Dunsmore received temporary additional duty orders to Kennedy from National Naval Medical Center in Bethesda, Md., for the deployment. "Big John" is Dunsmore's first ship in her eight years of service, and she is looking forward to the experience.

"It's a whole different experience from all of my other duty stations," she said. "It's one that I feel every Sailor should have."

As a dental technician, she reminds everyone the best way to have clean, healthy teeth is to brush and floss daily and receive regular checkups.

"Remember that if you don't brush your teeth and remove plaque every day, it can cause real problems like tooth decay and gum disease," she added.

Customer service is also important at dental aboard Kennedy. When a patient leaves satisfied, Dunsmore is satisfied.

"I love my job and am lucky enough to get instant gratification," she said. "When people leave from having their teeth cleaned, they automatically feel better."

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MN021109. Fleet Hospital 20 Is A TRICARE Star

GUANTANAMO BAY, Cuba - Fleet Hospital 20 and the Seabees of Construction Battalion 423 have been selected as a TRICARE Star, featured on the website, <http://www.tricare.osd.mil/media/>.

The "stars" are cited for their hard work and dedication under most unique circumstances.

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MN021110. This Month in Navy Medicine

March 3, 1871 - Navy Medical Corps established.

March 5, 1951 - The first Navy Epidemic Disease Control Laboratory was installed aboard an unnamed large infantry landing ship to cope with

epidemic and contagious diseases.

March 8, 1945 - ENS Phyllis Daley became the first African-American to be commissioned in the Nurse Corps.

March 9, 1798 - George Balfour was appointed as the first surgeon of the United States Navy.

March 10, 1945 - Navy and civilian nurses captured by the Japanese and interned at Los Banos, Philippines were freed and returned to the United States. They were subsequently awarded the Bronze Star.

March 23, 1974 - Naval Hospital Corpus Christi, Texas opened its doors to patients.

- Submitted by the Office of the Historian, Bureau of Medicine and Surgery.

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MN021111. Navy-Marine Corps Relief Drive Kicks Off at BUMED

The annual Navy-Marine Corps Relief Society is looking for generous and kind-hearted Sailors to help them raise funds for Sailors and Marines and their families in need.

The nonprofit charitable organization provides financial, educational and other assistance to members of the naval services of the United States, eligible family members and survivors, when in need.

Some of the services offered include interest-free loans and/or grants to help with emergencies such as funeral expenses and disaster relief, and education loans and grants.

"Our goal is to have 100 percent contact with all uniformed personnel on the BUMED compound," said HM1 John Hokenson, who is the coordinator for the drive. Hokenson and his key person committee of 10, representing codes from throughout BUMED, are working on planning fund raising events to boost the total beyond what is donated.

"We'll let people know how we're doing via e-mail," said Hokenson.

The drive continues through March 31.

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MN021112. Some TRICARE Prime Users Eligible For Travel Reimbursement

TRICARE Prime beneficiaries referred more than 100 miles from their primary care manager for specialty care may be eligible to have their actual travel expenses reimbursed by TRICARE.

Under provisions of the 2001 National Defense Authorization Act (NDAA), travel reimbursement is retroactive to Oct. 30, 2000, for Prime enrollees who are referred more than 100 miles from their primary care manager's office for medically necessary specialty care.

To qualify for reimbursement, beneficiaries must have travel orders for past referred specialty care prepared by a TRICARE representative at the military treatment facility where enrolled, or from a regional lead agent representative, if their primary care manager is a civilian provider.

The MTF or regional lead agent representative is responsible for ensuring that a valid referral exists before issuing travel orders. To file a travel reimbursement claim, beneficiaries should submit the appropriate original receipt, keeping copies for themselves, a completed reimbursement form, and the original copy of their orders issued by the MTF or lead agent. Beneficiaries may receive reimbursement after completing and submitting these items.

The new Prime enrollee travel entitlement does not apply to travel expenses incurred by active duty uniformed services members, active duty family members residing with their sponsors overseas, or to travel costs of beneficiaries referred under DoD specialized treatment programs, which are

reimbursed by other travel entitlements. It also doesn't apply to transportation expenses resulting from emergency care covered under the basic TRICARE Standard benefit.

TRICARE Prime beneficiaries seeking reimbursement for travel expenses incurred for obtaining referred specialty care may contact their local MTF or lead agent beneficiary counseling and assistance coordinator (BCAC) for assistance. Telephone numbers and addresses for BCACs are available on the TRICARE Web site at www.tricare.osd.mil/tricare/beneficiary/BCACDirectory.htm.

The 2002 NDAA, signed into law by President Bush on Dec. 28, 2001, authorizes travel orders and reimbursement for one non-medical attendant, under certain conditions. TRICARE Prime enrollees who travel with a non-medical attendant should save travel and lodging receipts for themselves and the non-medical attendant. The new non-medical attendant travel benefit will be implemented in the next several weeks and will be retroactive to Dec. 28, 2001. Specific details of the non-medical attendant travel benefit will be available soon at <http://www.tricare.osd.mil>

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MN021113. HealthWatch: Keep Children Safe From Poisons

By Brian Badura, Bureau of Medicine and Surgery

Every year, millions of Americans fall victim to unintentional poisoning. While victims can be any age, children are most at risk.

According to the American Academy of Pediatrics (AAP), a child is poisoned somewhere in the United States every thirty seconds. Many become victims when adults become distracted, if only for a few seconds.

Safeguarding your home from accidental poisoning is the goal of Poison and Inhalant Awareness Week from March 17-23. The theme for this year's campaign is "Children Act Fast...So Do Poisons".

Household poisons come in four different forms: solid, such as powders and plants; liquid, such as lotion and laundry soap; sprays, such as paint and cleaning products; and invisible poisons like gases and vapors.

Medications are a common poison.

"It's very important to keep your medications in locked cabinets, because young children can be very curious," said CAPT Sanders Anderson, MC, staff pediatrician at Naval Hospital Pensacola. "One of the most common poisons in the home is Tylenol."

Children are often drawn to harmful products by the attractive packaging. They like the good smells and appealing colors, totally unaware of the dangers.

To decrease the chances of having a poisoning incident in your home, the AAP recommends these tips:

- Store poisons out of reach of children.
- Since most poisonings occur when a product is in use, take it with you when distracted by the telephone or doorbell.
- Discard old or outdated household and chemical products.
- Don't call medicine candy, as medicine and candy often look alike and children can't discern between the two.
- Keep child resistant packaging intact. Remember that child resistant does not mean child proof.
- Tell grandparents to secure their medications when young children are visiting.
- Keep the telephone number of the local poison control center near your telephone.

A growing poisoning problem among young people is the use of inhalants. Inhalation, or huffing, is the intentional breathing of gas or vapors with the intent to get high. According to the National Inhalant Prevention

Coalition (NIPC), more than a million people used inhalants to get high last year. One in five students have used inhalants by the time they reach the eighth grade.

The key thing to remember about these inhaled harmful substances is most of them are legal, everyday products.

"Children use inhalants because they are relatively easy to get and inexpensive," Anderson said.

Over time, they have debilitating effects on vital organs like the heart, kidney and liver. Worse yet, these poisons can kill - sometimes on the very first use, sometimes on the tenth use, or the hundredth use. It's like a game of Russian roulette.

Education can provide a critical link between parent and child that helps stop accidental or inhalation poisoning. If your child is poisoned, contact your local Poison Control Center. Be prepared to provide vital information such as age, weight, health conditions, and the substance involved.

Use the time during this year's awareness campaign to look around your house and make sure that poisons are stored properly.

For more information on inhalant and poisoning prevention, visit the AAP website at www.aap.org <<http://www.aap.org>> or the NIPC website at www.inhalants.org <<http://www.inhalants.org>>.

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